

**Sample**  
**Group Service Note**

**Name:** \_\_\_\_\_

**Record Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Duration of Service:** \_\_\_\_\_

**Goal Number:** \_\_\_\_\_

**Video:** \_\_\_\_\_

**PURPOSE OF CONTACT RELATED GOAL:** \_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF INTERVENTION PROVIDED BY COUNSELOR:** \_\_\_\_\_

\_\_\_\_\_

**CLIENT'S REACTION TO INTERVENTION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLIENT'S PROGRESS TOWARD GOAL:** \_\_\_\_\_

\_\_\_\_\_

**EVALUATION OF CLIENT: (Circle All That Apply)**

**ABSTINENCE:**    Alcohol            Non Prescription Drugs            YES    NO

**INTEREST:** Appeared Interested in Topic    Appeared Interested in Video    Appeared Disinterested

**APPEARANCE:** Neatly Dressed    Unkempt    Inappropriate    Other \_\_\_\_\_

**MOOD/AFFECT:** Happy    Unhappy    Depressed    Sad    Crying    Angry    Denial    Animated    Suicidal

**PARTICIPATION/ATTITUDE:** Actively Participated    Some Participation    No Participation    Sharing

Talkative    Guarded    Inappropriate    Asked Questions    Cooperative    Uncooperative    Sharing    Friendly

**PLAN:** Client to continue treatment    Client has concluded treatment    Update Treatment Plan

**COUNSELOR SIGNATURE:** \_\_\_\_\_ **CREDENTIAL** \_\_\_\_\_